PTO/SB/06 (07-06)

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P	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/536,523			To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
⊢	FOR	l N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b), (N/A		N/A		N/A	(0)	i	N/A	1 == (0)	
Ь	SEARCH FEE		N/A		N/A		N/A		l	N/A		
H	(37 CFR 1.16(k), (i), o EXAMINATION FE	E	N/A		N/A		N/A		ł	N/A		
	(37 CFR 1.16(o), (p), (TAL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =		
IND	CFR 1.16(i)) DEPENDENT CLAIM	s	minus 3 = *			1	x \$ =		· · ·	x s =		
	CFR 1.16(h)) APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	specificates of paper 50 (\$125 ional 50 s .S.C. 41(gs exceed 100 n size fee due for each n thereof, See CFR 1.16(s).								
Щ	MULTIPLE DEPEN			TOTAL		l						
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL	L	
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			ER THAN ALL ENTITY	
AMENDMENT	01/16/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ĬŽ	Total (37 CFR 1.18(i))	· 47	Minus	 57	= 0]	x \$ =		OR	X \$50=	0	
Ħ	Independent (37 CFR 1.16(h))	• 2	Minus	 3	= 0]	x \$ =		OR	X \$210=	0	
ME	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z	Total (37 CFR 1,18(i))	•	Minus	**]	x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1/16(h))		Minus	***		1	x \$ =		OR	x s =		
Ш	Application Size Fee (37 CFR 1.16(s))]			1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))					1			OR			
Γ							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" [Cotal or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USETO to monoceal an implication. Confidentially is ownered by 80 Sec. 22 and 37 CER 1.16. This collection is extensive the size of a window properties, and submitting the completed application form to the USETO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggesions for reducing this burdon, should be sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients or Commerce. P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients or Commerce. P.O. Box 1450, Alexandrius, VA 22313-1450.